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PTO/SB/81 (11-04)  
Approved for use through 11/30/2005. OMB 0651-0035  
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CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Daniel Mark Hutchinson, et al.
Title	Apparatus and Method for Providing an AGC Function Using Multiple Feedback Sources
Art Unit	
Examiner Name	
Attorney Docket Number	EL 962135387 US

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Individual Name

Joseph S. Tripoli, Patent Operations

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Country USA

Telephone 609-734-6834 Fax 609-734-6888

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

**SIGNATURE of Applicant or Assignee of Record**

Name Kuniyuki Akiyama, Registration No. 43,314

Signature

Date Jan. 11, 2006 Telephone 609-734-6801

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.  
Submit multiple forms if more than one signature is required, see below\*.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Joseph S. Tripoli  
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DATED this 7 day of July, in the year 2005.



Signature:

Typed Name As Signed:

Title:

Julian Waldron  
President

**POWER OF ATTORNEY**  
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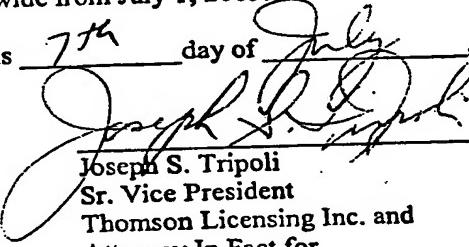
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a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from July 1, 2005.

DATED this 7<sup>th</sup> day of July, 2005.

SIGNED

  
Joseph S. Tripoli  
Sr. Vice President  
Thomson Licensing Inc. and  
Attorney In Fact for  
THOMSON LICENSING

WITNESS

  
Davida Fornarotto

Please type a plus sign (+) inside this box

→  E/Mail EL96213538745

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
With Initial  
Filing

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

PU030202

First Named Inventor

Daniel Mark Hutchinson, et  
al.

**COMPLETE IF KNOWN**

Application Number

/

Filing Date

Group Art Unit

Examiner Name

**As a below named Inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHOD FOR PROVIDING AN AGC FUNCTION USING  
MULTIPLE FEEDBACK SOURCES**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/487,208	7/14/2003	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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PTO/SB/01 (10-00)

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:		<input type="checkbox"/> Customer Number or Bar Code Label	<input type="checkbox"/> Correspondence address below
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City PRINCETON	State NJ	ZIP 08543-5312	
Country USA	Telephone (609) 734-6823	Fax (609) 734-6888	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Daniel Mark	Family Name HUTCHINSON or Surname	
Inventor's Signature	<i>+ Daniel Mark Hutchinson</i>		Date <i>+ 7-21-04</i>
Residence: City Carmel	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 13790 Laredo Drive			
City Carmel	State Indiana	ZIP 46032	Country US
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name	Clint Alan	Family Name ECOFF or Surname	
Inventor's Signature	<i>+ Clint Alan ECOFF</i>		Date <i>+ 7/14/04</i>
Residence: City Indianapolis	State Indiana	Country US	Citizenship US
Mailing Address			
Mailing Address 5836 N. Rural Street			
City Indianapolis	State Indiana	ZIP 46220	Country US
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet  
Page 3 of 3

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Gary Dean		GRUBBS		
Inventor's Signature	<i>Gary Dean Mls</i>			Date <i>7/22/05</i>
Residence: City	Indianapolis	State	Indiana	Country US
Citizenship	US			
Mailing Address				
Mailing Address 5836 N. Rural Street				
City Indianapolis	State Indiana	ZIP 46220	Country US	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Matthew Thomas		MAYER		
Inventor's Signature	<i>Matthew Thomas Mayer</i>			Date <i>7-22-04</i>
Residence: City	Indianapolis	State Indiana	Country US	Citizenship US
Mailing Address				
Mailing Address 8262 Forest Lane				
City Indianapolis	State Indiana	Zip 46240	Country US	
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])		Family Name or Surname		
Inventor's Signature				Date
Residence: City	State	Country	Citizenship	
Mailing Address				
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